## Application For Adult Entertainment Business License License Expires One (1) Year From Date Of Issuance.

Business Name:				Date :
Owner's Name				
Business Address:				
Business Phone:				
Owner's Address				
Residence Phone				
Information About	Local Agent An	nd/Or Manager:		
Business Address:				
Business Phone:		Res. Phon	ne	
Res. Address:				
Date Of Birth:		Soc. Sec.	Number:	
Type Of Business: _	_Sole Proprieto	rshipPartnership _	Corporation	
If Partnership Or C	Corporation, Lis	t Officers And/Or Pa	artners:	
Name	Title	Residence Address	Phone	Soc. Sec.Num. Date Of Birth
If Corporation, State Of Incorporation: Legal Description Of Property:				
Legal Description Of	Property:			

Owner Of Property:	Attach Notarized Statement From
Real Property Owner As Required In City Code	
Address Of Owner Of Property:	
Total Area (Square Feet) Available For Business	Location:
Attach Copy Of Lease Or Rental Agreement:	
What Is Zoning At This Location?	
Give Full And Detailed Description Of Business	To Be Conducted At This Location::
Attach Proff that Operator and/or Manager is at I	Least 18 Years of Age:
The Applicant Or Licensee Shall Give Written N Contained Herein To The City Clerk within 24 H	•
I, Do Is True And Correct To The Best Of My Knowle	Hereby Affirm That All Of The Above Information edge.
Signat	ure Of Applicant
(Fee Must Accompany Application) -Original Ap	oplication \$250.00-Renewal Application \$250.00
Make Check Payable To: City Clerk	
Mail To: City Of Council Bluffs Department Office of Pul Bluffs, Ia 51503	olic Health City Hall - 209 Pearl Street Council

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